

Welcome to ImmuNet!

**Reports Only** and **School Access** are ImmuNet user roles with basic record lookup (**read-only**) access. **Reports Only** role also includes access to run reports for their organization if the org administers vaccines (refer to the [Organization Reports Overview](#) for more information).

Both roles will allow you to do the following:

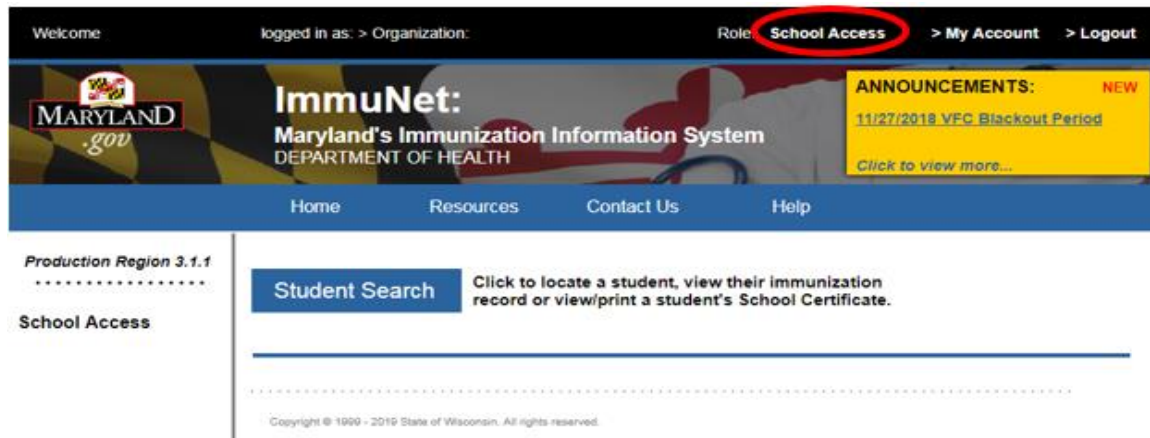
- [Change your ImmuNet password](#)
- [Search for immunization records](#)
- [View the immunization record](#)
- [Print the Immunization Certificate/Reports](#)
- [Save the Immunization Certificate/Reports](#)

If your role is **Reports Only**, your main screen will look like this:



The screenshot shows the ImmuNet interface for the 'Reports Only' role. At the top, the user is logged in as 'Organization' and their role is 'Reports Only'. The main header includes the Maryland Department of Health logo and a 'WEBSITE NOTICE' box stating that ImmuNet works best with the latest versions of Internet Explorer or Google Chrome. Below the header is a navigation bar with links for Home, Resources, Contact Us, and Help. On the left sidebar, there is a 'Production Region 24.9.0' section and a 'Report View Only Organization Reports' section. The main content area features a 'Patient Search' button and a description: 'Click to locate a patient, view their immunization record or view/print a patient report.' At the bottom, there is a copyright notice for the State of Wisconsin.

If your role is **School Access**, your main screen will look like this:



The screenshot shows the ImmuNet interface for the 'School Access' role. At the top, the user is logged in as 'Organization' and their role is 'School Access'. The main header includes the Maryland Department of Health logo and an 'ANNOUNCEMENTS' box with a 'NEW' tag, mentioning a '11/27/2018 VFC Blackout Period' and a link to 'Click to view more...'. Below the header is a navigation bar with links for Home, Resources, Contact Us, and Help. On the left sidebar, there is a 'Production Region 3.1.1' section and a 'School Access' section. The main content area features a 'Student Search' button and a description: 'Click to locate a student, view their immunization record or view/print a student's School Certificate.' At the bottom, there is a copyright notice for the State of Wisconsin.

## Change Your ImmuNet Password

To change your ImmuNet password, click **My Account**.



Header section of the ImmuNet dashboard. It includes a top navigation bar with 'Welcome', 'logged in as: > Organization:', 'Role: Reports Only OR School Access', and a circled '> My Account' link next to '> Logout'. Below this is a banner with the Maryland Department of Health logo and 'ImmuNet: Maryland's Immunization Information System'. A right-hand yellow box contains 'ANNOUNCEMENTS:' with a link to a 05/18/2020 guide and a 'Click to view more...' link. A bottom blue bar contains links for 'Home', 'Resources', 'Contact Us', and 'Help'.

On the left navigator click **Manage My Account, Change My Password**

### Applications

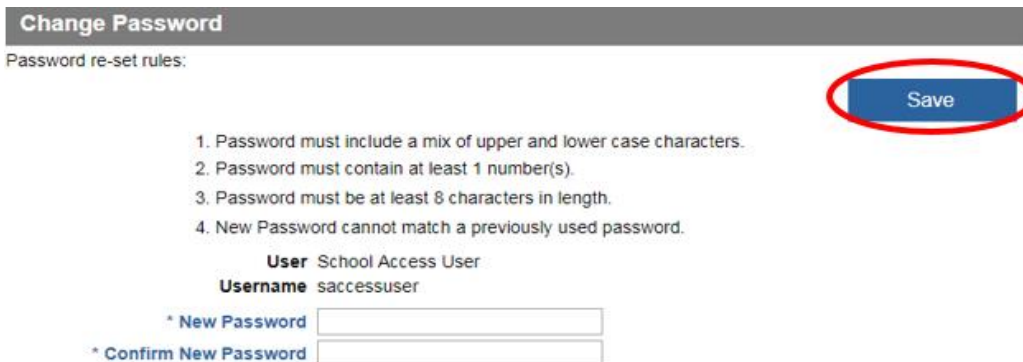
#### Manage My Account

- > Change My Password
- > Edit My User Account

[Security Questions >](#)

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

Click **Save**.



Change Password

Password re-set rules:

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User  
Username successuser

\* New Password

\* Confirm New Password

**Save**

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields New Password and Confirm New Password and click Save):

**\*\* Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. \*\***

**Change Password**

Password re-set rules:

Save

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

**User** School Access User  
**Username** saccessuser

\* **New Password**

\* **Confirm New Password**

To access ImmuNet, Click **Applications**, **ImmuNet**.

## Applications

> **ImmuNet**

Click on the **blue** organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.  
 Select one Organization as your default.

Default Org	Organization Listing
	<a href="#">Organization or School</a>

To update your security questions/answers, click **'My Account'**, **'Manage My Account'**, then **'Security Questions'**. Please note that answers to your security questions are also case-sensitive. Answering your security questions correctly will allow you to unlock/reset your password.

## Applications

### Manage My Account

- > Change My Password
- > Edit My User Account

**Security Questions >**

## Search Immunization Records

On the left navigator click **Report View Only**, **View Patient Report** or **School Access**, **Student Search**

### Report View Only

> View Patient Report

### School Access

> Student Search

or click the [blue](#) button **Patient Search** or **Student Search**.

Patient Search

Student Search

Type in the **First Name**, **Last Name**, and **Birth Date** and click **Search**.

### Student Search

First Name

ImmuNet ID

Search

Last Name

Blood Lead ID

Clear

Middle Name

Vital ID

Cancel

Birth Date




Phone  -  -

Gender

Mother's First Name

Mother's Maiden Last


If there are no records for the patient or student, you will see this message:

<b>First Name</b>	<input type="text" value="Test"/>	<b>ImmuNet ID</b>	<input type="text"/>	<b>Search</b>
<b>Last Name</b>	<input type="text" value="Patient"/>	<b>Blood Lead ID</b>	<input type="text"/>	
<b>Middle Name</b>	<input type="text"/>	<b>Vital ID</b>	<input type="text"/>	
<b>Birth Date</b>	<input type="text" value="01/01/2001"/> 			
<b>Phone</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>			
<b>Gender</b>	<input type="text" value="v"/>			
<b>Mother's First Name</b>	<input type="text"/>			
<b>Mother's Maiden Last</b>	<input type="text"/>			

Possible Matches: 0

Last Name	First Name	Middle Name	Birth Date	Gender
No patients were found for the requested search criteria.				

If you find the patient/student, click on the [blue](#) last name link for the student's last name.

<b>First Name</b>	<input type="text" value="Test"/>	<b>ImmuNet ID</b>	<input type="text"/>	<b>Search</b>
<b>Last Name</b>	<input type="text" value="Patient"/>	<b>Blood Lead ID</b>	<input type="text"/>	
<b>Middle Name</b>	<input type="text"/>	<b>Vital ID</b>	<input type="text"/>	
<b>Birth Date</b>	<input type="text" value="01/01/2008"/> 			
<b>Phone</b>	<input type="text"/> - <input type="text"/> - <input type="text"/>			
<b>Gender</b>	<input type="text" value="v"/>			
<b>Mother's First Name</b>	<input type="text"/>			
<b>Mother's Maiden Last</b>	<input type="text"/>			

Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Gender
<a href="#">PATIENT</a>	TEST		01/01/2008	M

## View the Immunization Record

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	<a href="#">11/11/2015</a>	1 of 5	Kinrix®	Full	
HepA	<a href="#">05/27/2016</a>	1 of 2		Full	
Hib	<a href="#">05/27/2016</a>			Full	
	<a href="#">06/01/2016</a>			Full	
MMR	<a href="#">11/11/2015</a>	1 of 2	Proquad®	Full	
Pneumo-Poly	<a href="#">04/18/2016</a>	1 of 2	Prevnar 13®	Full	
Polio	<a href="#">11/11/2015</a>	1 of 3	Kinrix®	Full	
Varicella	<a href="#">11/11/2015</a>	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
<a href="#">DTP/aP</a>	Maximum Age Exceeded				
<a href="#">HepA</a>		11/27/2016	11/27/2016	12/27/2017	
<a href="#">HepB</a>		02/23/2009	02/23/2009	03/23/2009	
<a href="#">Hib</a>	Maximum Age Exceeded				
<a href="#">HPV</a>		02/23/2018	02/23/2020	03/23/2022	02/22/2024
<a href="#">Influenza</a>		08/23/2009	08/01/2018	02/23/2010	
<a href="#">Meningo</a>		02/23/2020	02/23/2020	02/23/2022	02/22/2031
<a href="#">MMR</a>		12/09/2015	12/09/2015	01/11/2016	
<a href="#">Pneumo-Poly</a>	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
<a href="#">Polio</a>		12/09/2015	12/09/2015	02/11/2016	
<a href="#">Td</a>	Tdap > 7 years	02/23/2016	02/23/2016	02/23/2016	
<a href="#">Tdap</a>	Tdap > 7 years	02/23/2016	02/23/2020	02/23/2022	
<a href="#">Varicella</a>		02/03/2016	02/03/2016	03/23/2016	

For users with **Reports Only** role, to view immunization reports, click on the [blue](#) button 'Reports'.

Patient Information		Print	Print Confidential	Reports	Cancel
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
TEST PATIENT	01/01/2001	F		ACIP	
Address					



You can then choose to view/print any of the reports below by clicking on each link. Please note that for MDH Form 4500, you will need to choose your organization name under the 'Site' drop down menu.

Reports Available for this Patient			Cancel
Report	Description	Additional Information	
<a href="#">Vaccine Administration Report, MDH Form 4500</a>	Official Maryland form displaying a patient's immunization history.	Site	▼
		Language	ENGLISH ▼
<a href="#">Maryland 896 School Certificate</a>	Official Maryland form for recording student immunization information required for school admission.	None	
<a href="#">Immunization History Report</a>	Displays demographics, registry data, contact information, as well as detailed immunization history.	None	
<a href="#">Immunizations Needed</a>	Displays demographics, contact information, immunization history, as well as immunizations needed.	None	


<b>Student Information</b>	<a href="#">Print</a>	<a href="#">Print Confidential</a>	<a href="#">MD 896 School Cert.</a>	<a href="#">Blood Lead</a>	<a href="#">Cancel</a>
Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule		
TEST PATIENT	02/23/2009	M	ACIP		
Comments					

8



## Print the Immunization Certificate/Reports

To print, right-click directly on the certificate or report and click **Print**



**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

STUDENT/SELF NAME		PATIENT		TEST	
		LAST	FIRST	MI	
STUDENT/SELF ADDRESS		CITY		ZIP	
1001 EAST BALTIMORE ST APT 201		BALTIMORE		21212	
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE			
		01/01/2008			
COUNTY		SCHOOL		GRADE	
Baltimore City					
<b>FOR MINORS UNDER 18:</b>					
PARENT/GUARDIAN NAME				PHONE NO.	
				(410) 123-4567	

Dose #	DTP-DTaP-OT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo/Yr	COVID-19 Mo/Day/Yr
1	07/01/2009	01/01/2010	05/01/2008	01/02/2008	04/01/2008				03/09/2010	05/01/2009	05/01/2009		
2	01/01/2010	04/29/2010	01/01/2010	01/02/2011	07/15/2009				03/01/2011	05/08/2012	01/25/2011		
3	05/01/2010			03/23/2011	03/23/2011				Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4	01/25/2011												
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

<p>1. Signature _____ Title _____ Date _____ (Medical provider, local health department official, school official, or child care provider only)</p> <p>2. Signature _____ Title _____ Date _____</p> <p>3. Signature _____ Title _____ Date _____</p> <p>Lines 2 and 3 are for certification of vaccines given after the initial</p>	<p style="text-align: center;"><u>Clinic / Office Name</u> Office Address/ Phone Number</p> <p>AAA Test Org 123 Main Train Drive Baltimore, MD 21010 (501) 123-6454</p> <p>MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606</p>
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**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

MEDICAL CONTRAINDICATION:  
Please check the appropriate box to describe the medical contraindication.


This is a ☐ Permanent condition OR ☐ Temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

or click the printer icon in top-right corner of the screen.



## Save the Immunization Certificate/Reports

To save, right-click directly on the certificate and click **Save as**.



**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

STUDENT/SELF NAME		PATIENT		TEST	
		LAST		FIRST MI	
STUDENT/SELF ADDRESS		1001 EAST BALTIMORE ST APT 201		CITY	BALTIMORE
				ZIP	21212
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE		01/01/2008	
COUNTY		Baltimore City		SCHOOL	GRADE
<b>FOR MINORS UNDER 18:</b>					
PARENT/GUARDIAN NAME				PHONE NO.	(410) 123-4567

Dose #	DTP-dTpaPDT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Vaccinia Mo/Day/Yr	Vaccinia Doseless Mo/Yr	COVID-19 Mo/Day/Yr
1	07/01/2009	01/01/2010	05/01/2008	01/02/2008	04/01/2008				03/09/2010	05/01/2009	05/01/2009		
2	01/01/2010	04/29/2010	01/01/2010	01/02/2011	07/15/2009				03/01/2011	05/08/2012	01/25/2011		
3	05/01/2010			03/23/2011	03/23/2011				Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4	01/25/2011												
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

<p>1. Signature _____ Title _____ Date _____ (Medical provider, local health department official, school official, or child care provider only)</p> <p>2. Signature _____ Title _____ Date _____</p> <p>3. Signature _____ Title _____ Date _____</p> <p>Lines 2 and 3 are for certification of vaccines given after the initial</p>	<p style="text-align: center;"><u>Clinic / Office Name</u> Office Address/ Phone Number</p> <div style="border: 1px solid black; padding: 5px;"> <p>AAA Test Org 123 Main Train Drive Baltimore, MD 21010 (501) 123-6454</p> <p>MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606</p> </div>
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**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

Please check the appropriate box to describe the medical contraindication.

This is a ☐ Permanent condition OR ☐ Temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

or click the down-arrow icon in the top-right corner of the screen.



To learn how to navigate ImmuNet, click on '**Resources**' then click [ImmuNet Quick Reference Guide](#) and [ImmuNet Training Videos](#).

Contact **ImmuNet Support** ([here](#)) with any questions.